

EDGE Participation / Demonstration of Good Faith



Wright State University
 Engineering and Construction
 3640 Colonel Glenn Hwy. Dayton, Ohio 45435

www.wright.edu/admin/planning/
 v: 937.775.2587 • f: 937.775.3513

Associate or Contractor Information

Company _____ WSU Project No. _____
 Project Name _____

1. Indicate how you selected (if applicable) portions of the work or services to increase the likelihood of EDGE participation. (Attach additional pages if needed.)

2. Indicate your use of the listing of EDGE-certified businesses provided by the DAS Equal Opportunity Division. When answering “yes,” also indicate the date(s) you used the list.

Utilized EDGE DAS EOD List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date(s) Utilized	, 20	, 20	, 20
	, 20	, 20	, 20

3. Indicate the services or organizations that provided assistance to you in identifying and recruiting EDGE-certified business that you used in preparing the proposal. (Attach additional pages if needed.)

Organization	Date of Contact	, 20
Contact	Phone Number	. . .
Organization	Date of Contact	, 20
Contact	Phone Number	. . .

4. List all EDGE businesses contacted. (Attach additional pages if needed.)

EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20

5. List all EDGE firms to which you supplied adequate and timely information about the plans, specifications and requirements of the contract. (Attach additional pages if needed.)

EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20

EDGE / Demonstration of Good Faith continued



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Project Name _____ WSU Project No. _____ - _____ - _____

6. List the names, addresses, dates and telephone numbers of all EDGE-certified firms with which you negotiated relative to this contract. (Attach additional pages if needed.)

EDGE Business	EDGE Business
Address	Address
City, State, Zip	City, State, Zip
Contact	Contact
Phone	Phone
Date of contact	Date of contact
EDGE Business	EDGE Business
Address	Address
City, State, Zip	City, State, Zip
Contact	Contact
Phone	Phone
Date of contact	Date of contact

7. List all interested EDGE-certified firms which you rejected as being unqualified for the work of the contract. Please provide the reason(s) for the rejections. (Attach additional pages if needed.)

EDGE Business
Reason(s) for rejection

EDGE Business
Reason(s) for rejection

EDGE Business
Reason(s) for rejection

Certified by the Associate or Contractor

The named Associate or Contractor certifies that the information it has provided in this document and its attachment(s) is true and accurate.

Associate	Contractor
Name _____	Name _____
_____	_____
Signature	Signature
_____	_____
Date	Date